

PART B - FEE(S) TRANSMITTAL

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7590 07/12/2006

Steven H. Arterberry, Esq.
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1420 Fifth Avenue, Suite 3400
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10/17/2006 MWOLGE2 00000035 10644608

01 FC:1501	1400.00 DP
02 FC:1504	300.00 DP
03 FC:8001	9.00 DP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/644,608	08/19/2003	Robert B. Koenig	501260.01	5994
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TITLE OF INVENTION: LATCHING MEDICAL PATIENT PARAMETER SAFETY CONNECTOR AND METHOD

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Sherri A. Phillips	(Depositor's name)
	
(Signature)	
October 10, 2006	(Date)

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	10/12/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
PAUMEN, GARY F	2833	439-353000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	1 _____
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2 Dorsey & Whitney, LLP
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Spacelabs Medical, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Madison, Wisconsin

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
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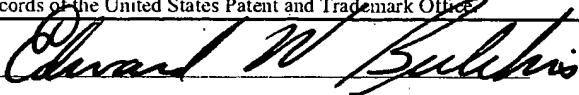
A check is enclosed.
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1266 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Date Oct. 10, 2006

Typed or printed name Edward W. Bulchis

Registration No. 26,847

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